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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/561,532 | | | ing Date 19/2005 | To be Mailed | |
|---|---|--|--|---|--------------|---|---|---|------------------------|----|-------------------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL | ENTITY | OR | OTHER THAN OR SMALL ENTITY | | |
| | FOR | | NUMBER FIL | .ED | NUMBER EXTRA | | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | | N/A | | 1 | N/A | | |
| SEARCH FEE (37 CFR 1.16(k), (i), or (m)) | | | N/A | | N/A | | | N/A | | | N/A | | |
| EXAMINATION FEE (37 CFR 1.16(o), (p), or (q)) | | | N/A | | N/A | | | N/A | | 1 | N/A | | |
| TOTAL CLAIMS (37 CFR 1.16(i)) | | | minus 20 = | | * | | | x \$ = | | OR | x \$ = | | |
| IND | EPENDENT CLAIM CFR 1.16(h)) | S | minus 3 = | | * | | | x \$ = | | | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE she is 3 | If the specification and dr. sheets of paper, the appli is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and | | | cation size fee due ntity) for each action thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | | | TOTAL | | |
| APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
| AMENDMENT | 12/14/2010 | CLAIMS REMAINING AFTER AMENDMEN | Т | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | * 8 | Minus | ** 20 | | = 0 | l | x \$ = | | OR | X \$52= | 0 | |
| | Independent (37 CFR 1.16(h)) | * 3 | Minus | ***3 | | = 0 | | x \$ = | | OR | X \$220= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| | | (Column 1) | | (Column : | 2) | (Column 3) | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMEN | | HIGHES NUMBER PREVIOUS PAID FO | R SLY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | * | Minus | ** | | П | | x \$ = | | OR | x \$ = | | |
| | Independent (37 CFR 1.16(h)) | * | Minus | *** | | = | | x \$ = | | OR | x \$ = | | |
| | Application S | ize Fee (37 CFF | R 1.16(s)) | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.